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PTO/SB/81 (02-01)

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,131
Filing Date	November 22, 2000
First Named Inventor	Bass, Ralph L.
Title	Method for Treating HIV
Group Art Unit	1616
Examiner Name	Frank Choi
Attorney Docket Number	014123-000008

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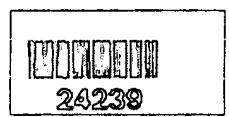
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

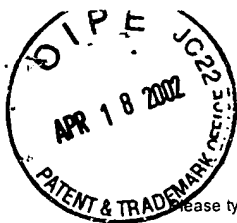
SIGNATURE of Applicant or Assignee of Record

Name	Ralph L. Bass
Signature	
Date	4/9/2002

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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,131
Filing Date	November 22, 2000
First Named Inventor	Ralph L. Bass
Group Art Unit	1616
Examiner Name	Frank I. Choi
Attorney Docket Number	014123-000008

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name Ralph L. Bass

Signature 

Date 4/8/2002

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/721,131
		Filing Date	November 22, 2000
		First Named Inventor	Bass, Ralph L.
		Group Art Unit	1616
		Examiner Name	Frank Choi
Total Number of Pages in This Submission		Attorney Docket Number	014123-000008
<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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